

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445322	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2015
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NAME OF PROVIDER OR SUPPLIER

WOOD PRESBYTERIAN HOME

STREET ADDRESS, CITY, STATE, ZIP CODE

520 OLD HIGHWAY 68

SWEETWATER, TN 37874

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS

A recertification survey and complaint investigation #35605, were completed at Wood Presbyterian Home on April 20-22, 2015. A deficiency was cited related to the complaint investigation under CFR Part 483, Requirements for Long Term Care Facilities.

F 221 483.13(a) RIGHT TO BE FREE FROM
SS=D PHYSICAL RESTRAINTS

The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.

This REQUIREMENT is not met as evidenced by:

Based on medical record review, observation, and interview, the facility failed to assess for the use of a restraint prior to starting a potential restraint for 1 resident (#85) of 3 residents reviewed.

The findings included:

Medical record review revealed Resident #85 was admitted to the facility on 1/14/15 with diagnoses including Dementia, Hypertension, Coronary Artery Disease, Alzheimer's Disease, and Vitamin B deficiency.

Observation on 4/21/15 at 12:22 PM, revealed the Resident sitting across from the nurse's station in a reclined Broda chair (type of reclining wheelchair). Continued observation revealed the resident attempting to get up from the chair.

F 000

Pre-restraining Assessment for Resident #85 was completed by the Case Manager on 4/21/15.

Residents were audited for use of potential restraints. Residents with potential restraints were audited for completed Pre-restraining assessments by Case Manager, and found to be compliant by May 7, 2015.

F 221

Licensed Nurses will complete a Pre-restraining Assessment prior to the use of a potential restraint. Case Managers will assess residents with use of potential restraints for a completed Pre-restraining Assessment during the MDS process, at least quarterly. Licensed Nursing Staff were educated by Case Managers and Director of Nursing on May 7, 2015 on potential restraints that require a Pre-restraining assessment and completing Pre-restraining Assessments prior to applying a potential restraint.

Case Manager will report results of Pre-restraining Assessment audit to Director of Nursing at least monthly. Director of Nursing will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Sharon A. Stephens

Administrator

5/8/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

MAY 11 2015

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F 221

Continued From page 1

Interview with the Director of Nursing (DON) on 4/21/15 at 12:45 PM, in the Administrators office confirmed the resident had been placed in the chair on 4/15/15 and the facility failed to assess the reclined chair prior to starting for a potential restraint.

F 221

F 247

SS=D

C/O 35605

483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE

A resident has the right to receive notice before the resident's room or roommate in the facility is changed.

This REQUIREMENT is not met as evidenced by:

Based on review of facility admission agreement, medical record review, and interview, the facility failed to notify a resident of a new roommate without advance notice for 1 resident (#89) of 30 residents reviewed.

The findings included:

Review of facility policy, Room Assignment, undated revealed "...assign rooms to the agreement of the residents who dwell therein..."

Medical record review revealed Resident #89 was admitted to the facility on 3/27/15 with diagnoses including Rehabilitation, Status Post Fracture of the Right Fibula, Hypertension, and Depression. Continued review revealed the resident was admitted to the skilled area of the facility.

Medical record review revealed no documentation

F 247

Administrator re-educated Social Services Director to give advance notice to a resident receiving a roommate on 4/22/15.

Administrator in-serviced Social Service Director and Admission Director on procedure for notification of resident receiving new roommate on 4/24/15. Social Service Director will notify resident receiving roommate. Admission's Director or designee will notify resident receiving roommate in absence of Social Service Director.

Notification of resident receiving roommate will be monitored by Administrator or designee. Administrator will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.

5/15/15

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F 247	Continued From page 2 of advance notice of the new roommate by the facility. Interview with Resident #89 on 4/20/15 at 3:20 PM, in the resident's room revealed the resident received a new roommate on 4/17/15. Further interview confirmed Resident #89 was not informed of the new roommate by the facility. Continued interview confirmed the roommate "...would make noises at night and have to be removed from the room by the nurses..." Interview with the Social Service Director on 4/22/15 at 10:25 AM, at the skilled nursing station confirmed Resident #89 was not notified of a new roommate. Interview with the Administrator on 4/22/15 at 10:45 AM, in the classroom confirmed Resident #89 did not receive notice of the new roommate prior to the roommates arrival.	F 247			
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, manufacturer's instructions, and interview, the facility failed to instruct a resident prior to use and failed to follow manufacturer's recommendations after use for one resident (#67) of three residents reviewed for medication administration. The findings included:	F 281	Licensed Nurse #1 was educated to give instruction on medication use prior to administration of Spiriva on 4/21/15 by Director of Nursing. Resident's Physician's Orders were audited for Spiriva. Residents with Physician's Orders for Spiriva have the potential to be affected. Copy of package insert was placed on MAR for Licensed Nurse review by May 7, 2015. Licensed Nursing Staff were educated by Case Managers and Director of Nursing on May 7, 2015 on how to instruct a resident prior to use and to follow manufacturer's recommendations on the use of Spiriva.		5/15/15

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F 281

Continued From page 3

Medical record review of the Quarterly Minimum Data Set dated 2/9/15 revealed the Resident had a Brief Interview for Mental Status (BIMS) score of 15 which indicates the resident is cognitively intact.

Medical record review of the Physician's Recapitulation Orders for March 2015 revealed, "...Spiriva [type of inhaler]..."

Observation of the Licensed Practical Nurse (LPN #1) in the resident's room on 4/21/15 at 7:37 AM, revealed LPN #1 administered the Spiriva and failed to give instruction on medication use prior to administration. Continued observation revealed the resident took two quick puffs and handed the inhaler back to the LPN.

Review of the manufacturer's recommendations revealed, "...Taking your full daily dose [two inhalations from the same Spiriva capsule]...Breathe out completely in one breath, emptying your lungs of any air...Important do not breathe into your ...device...breathe in deeply until your lungs are full. You should here or feel the...capsule vibrate. Hold your breath for a few seconds...The rattle tells you that you breathed in correctly...To get your full daily dose, you must breathe out completely and for a second time, breathe in from the same...capsule..."

Interview on 4/21/15 at 9:30 AM, with LPN #1 at the 100/200 hall nurse's desk confirmed the manufacturer's recommendations were not followed.

F 325
SS=D

483.25(i) MAINTAIN NUTRITION STATUS
UNLESS UNAVOIDABLE

F 281

Director of Nursing or designee will observe Licensed Nurses for explanation of instructions and administration per manufacturer's recommendations when administering Spiriva at least quarterly. Director of Nursing will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.

Resident #15 was reviewed for needed intervention on 4/20/15 by Registered Dietician. Ready Care 60ml TID at med pass was ordered on 4/20/15 for supplementation.

5/15/15

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F 325 Continued From page 4

Based on a resident's comprehensive assessment, the facility must ensure that a resident -

- (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and
- (2) Receives a therapeutic diet when there is a nutritional problem.

This REQUIREMENT is not met as evidenced by:

Based on review of facility policies, medical record review, observation, and interview, the facility failed to monitor weight loss and nutritional status for 1 resident (#15) of 5 residents of 30 residents reviewed.

The findings included:

Review of facility policy, Weight Monitoring, reviewed 9/16/08 revealed "...weights will be obtained...deemed necessary to monitor an elder's nutritional status and/or medical condition, of the resident guidelines...reweighed if there is a change of 3# [pounds] up or down and report to CDM [Certified Dietary Manager] for review..."

Medical record review revealed Resident #15 was admitted to the facility on 2/21/10 and readmitted on 1/3/15 with diagnoses including Rehabilitation, Status Post Cerebral Vascular Accident, Hypertension, Dementia, Congestive Heart Failure, and Chronic Obstructive Pulmonary Disease.

F 325 Residents were audited by Dietary Manager and/or Registered Dietician for any weight loss issues and found to be compliant with Significant Weight Change Policy by May 1, 2015.

Restorative Nursing Assistants were in-serviced on May 6, 2015 to updated Significant Change Policy by Dietary Manager and Director of Nursing. Restorative Nursing will report any weight loss to Dietary Manager or designee daily. Dietary Manager will review for need of intervention. Residents with weight loss will be discussed in Utilization Review meetings weekly to assure appropriate interventions are in place.

Dietary Manager or designee will monitor for compliance. Dietary Manager will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.

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F 325	Continued From page 5 Medical record review of the 30 day Minimum Data Set (MDS) dated 1/31/15 revealed a Brief Interview Mental Status (BIMS) of 9 (moderately impaired), and independent for eating with set-up help. Medical record review of Resident #15's Annual Weight Record revealed an readmission weight dated 1/21/10 of 122 lbs. Continued review revealed revealed on 2/24/15 116 lb., 3/25/15 116 lb., and on 4/21/15 117 lbs. Medical record review of Resident #15's Physician's Orders dated 1/1/15 revealed "Regular diet with SF (salt free) condiments and Mrs. Dash." Continued review revealed no appetite stimulants or dietary supplements were ordered. Medical record review of Resident #15's Nutritional Progress Notes revealed the last documented note dated 1/10/15. Further review revealed "...weight is stable..." Observation of Resident #15 on 4/21/15 at 12:30 PM, in the resident's room revealed the resident eating lunch in bed. Continued observation revealed the resident was able to feed self without difficulty. Interview with Resident #15 on 4/21/15 at 12:30 PM, in the resident's room confirmed her appetite "...not too good...I have to make myself eat..." Interview with the Restorative Certified Nursing Assistant (CNA), on 4/22/15 at 8:30 AM, at the skilled nursing station confirmed she did not notify the Case Manager, Dietician, or Acting Dietary	F 325			

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F 325	Continued From page 6 Manager (DM) of Resident #15's weight loss. Interview with the Case Manager/ MDS Coordinator on 4/22/15 at 2:00 PM, in the Case Manager's office confirmed Resident #15 "...doesn't eat as much as she used to...we go by weights...then alert the MD (Physician), start with med pass (dietary supplement)...fortified meals..." Further interview confirmed the resident was not on dietary supplements for weight loss. Interview with the DM on 4/22/15, at 2:15 PM, in the Case Manager's office confirmed no nutritional progress note documented since 1/10/15 and no dietary supplement ordered for Resident #15. Continued interview revealed the Resident at Risk (RAR) meeting was held at the facility earlier today and Resident #15 was not on the risk list. Further interview confirmed no dietician attended the RAR meeting. Telephone interview with the Dietician on 4/22/15 at 2:20 PM, in the Case Manager's office confirmed not aware of weight loss for Resident #15, or on the weight loss or RAR trigger list. Further interview confirmed "...doesn't sound like we did anything for her...should have been put on weekly weights and started on a supplement, but we failed to do that..."	F 325			
F 371 SS=D	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371	The milk cooler was repaired on the evening of 4/21/15, and milk is temping at proper temperatures. Milk temping at above 41 degrees was not served. Scoop was cleaned and placed in proper location on 4/20/15. Utensil bin was cleaned on 4/20/15.	5/15/15	

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F 371	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on review of facility policy, observation, and interview, the facility failed to maintain a sanitary kitchen by not properly cleaning, storage of kitchen equipment, and maintenance of safe milk temperatures for three of three milks of one of one kitchen reviewed. The findings included: Review of facility policy, Food Storage, dated 2009 revealed "...scoops are not to be stored in food..." Review of facility policy, General Food Preparation and Handling, dated 2009 revealed "...all food service equipment should be cleaned, sanitized...after each use..." Review of facility policy, Sample Cleaning Schedule, dated 2009 revealed "...monthly...refrigerator condenser coils..." Review of facility policy, Food Temperatures, dated 2009 revealed "...all cold food items must be maintained and served at a temperature of 41 degrees or below..." Observation with the Dietary Manager on 4/20/15 at 9:10 AM, in the kitchen revealed a scoop in the sugar container. Continued observation revealed a three-tier drawer. Continued observation revealed in the middle drawer contained four	F 371	Dietary employees were in-serviced by the Dietary Manager and the Registered Dietician on 4/29/15 to keep the sugar scoop in a separate area out of the sugar container, to keep utensil bins clean and how to properly temp milk temperatures on the serving line. Milk that temps above 41 degrees will not be served. Dietary Manager or designee will monitor proper placement of scoops and cleaning utensils daily and report any issues to the Administrator. Dietary Manager or designee will monitor proper milk temperatures daily and report any issues to the Administrator. Dietary Manager or designee will monitor for compliance. Dietary Manager will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee. The cooling fan with debris in the walk in cooler was cleaned on 5/5/15. This function was added to the monthly maintenance cleaning log. The Maintenance Director will monitor and report any issues to the Administrator monthly. Maintenance Director or designee will monitor for compliance. Administrator will report findings in Quality Assurance meetings. Audit will continue as directed by the Quality Assurance committee.	

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F 371	<p>Continued From page 8</p> <p>ladles and the bottom drawer contained five spatulas with the bottoms of the drawers coated with a dried sticky brown substance.</p> <p>Observation with the Dietary Manager on 4/20/15 at 9:25 AM, of the walk-in cooler revealed a cooling fan covered with dust debris.</p> <p>Observation with the Dietary Manager on 4/20/15 at 11:45 AM, in the kitchen of a resident's tray revealed a carton of two-percent milk with a temperature of 47 degrees. Further observation revealed a carton of two-percent milk with a temperature of 42 degrees sitting on a container filled with ice.</p> <p>Observation with the Dietary Manager on 4/21/15 at 8:05 AM, in the kitchen revealed a carton of two-percent milk with a temperature of 43 degrees on a bed of ice.</p> <p>Interview with the Dietary Manager on 4/20/15 at 9:30 AM, in the kitchen confirmed the facility failed to keep the sugar scoop in a separate area out of the sugar container, to clean the two utensil bins, and to clean the dust debris from the walk-in cooling fan. Further interview at 11:45 AM confirmed the facility failed to maintain a safe temperature of the milk.</p> <p>Interview with the Dietary Manager on 4/21/15 at 8:30 AM, in the kitchen confirmed the facility failed to maintain a safe temperature of the milk. Further interview confirmed "...I didn't have time to call maintenance yesterday..."</p>	F 371		

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